

Practical Strategies for Integrating Clinical and Community Asthma Innovation with Sustainable Payment

May 4, 2015
2:00 p.m. ET



Agenda

- Joy Krieger, *Executive Director, St. Louis Chapter, Asthma and Allergy Foundation of America*
- Dr. Cary Sennett, *President and CEO, Asthma and Allergy Foundation of America*
- Dr. Stephen Cha, *Chief Medical Officer, Center for Medicaid and CHIP Services, Center for Medicare and Medicaid Services*
- Dr. Steven Farmer, *Visiting Scholar, Brookings*
- Question and Answer, moderated by Dr. Mark McClellan, *Director, Health Care Innovation and Value Initiative, Brookings*

Housekeeping

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- To mute your phone, press the mute button or *6.
- There will be a question and discussion at the end of today's session. Please use the chat window on the right to submit your questions throughout the webinar.
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AAFA-STL

Joy Krieger, RN, MA



Overview

- AAFA-STL and history of public policy successes
- Missouri Asthma Program
- RESCUE Program
- Why we have been so successful

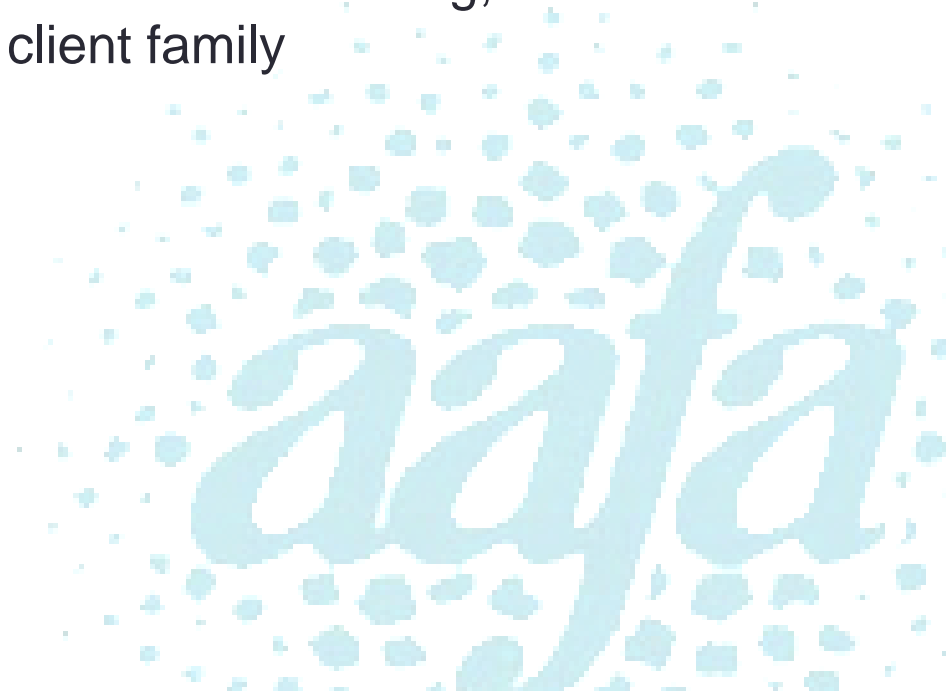


History of AAFA-STL and Public Policy

- Short history!
- 2011-2012:
 - Formed Public Policy Committee in Fall 2011
 - Decided to pursue an emergency albuterol law
 - HB 1188 was passed in July 2012
 - Led to notoriety among school nurses
- 2014: we pursued a budget bill to reimburse healthy home assessments and asthma education
 - 5/8/2014 – Passed by both houses
 - 6/24/2014 – Vetoed by Governor
 - 9/10/2014 – Passed over Veto
 - Currently – Governor withholding funds
- 2015: Implementation of Budget bill through Dept. of Social Services and Missouri Asthma Program

Missouri Asthma Program (MAP)

- 5 year grant from the CDC for asthma in Missouri
- State-wide partnerships
- Developed a referral mechanism for high-risk asthma children
 - 2-3 home assessments, telephonic asthma coaching, and 2 asthma education sessions per year per client family



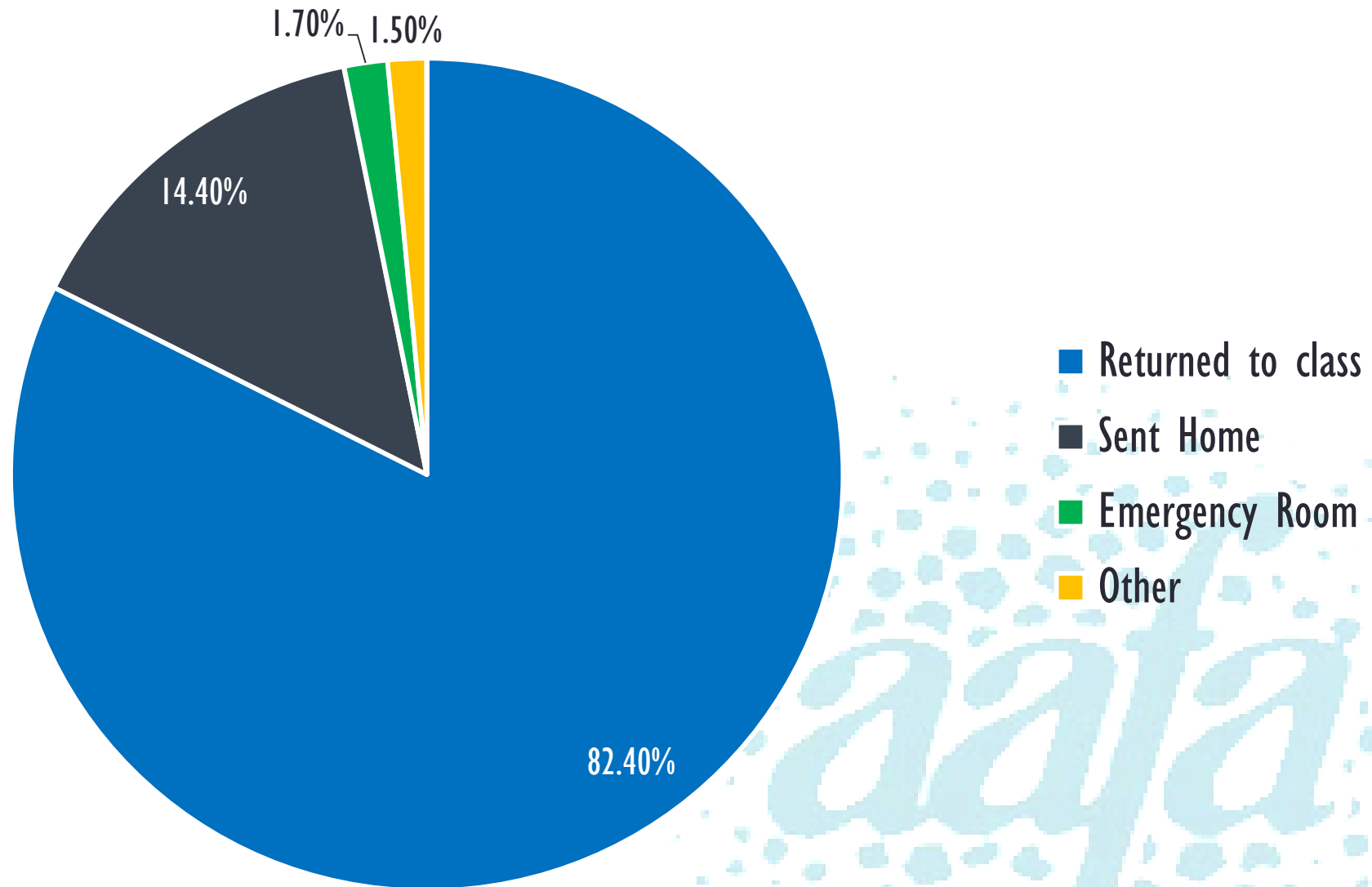
RESCUE

- Resources for Every School Confronting Unexpected Emergencies
- Provide School Nurses with asthma equipment
 - Spacers
 - Nebulizers
 - Tubing equipment and filters (for nebulizers)
 - Peak flow meters
- School must have greater than 50% free/reduced lunch
- School must be within our geographic coverage region

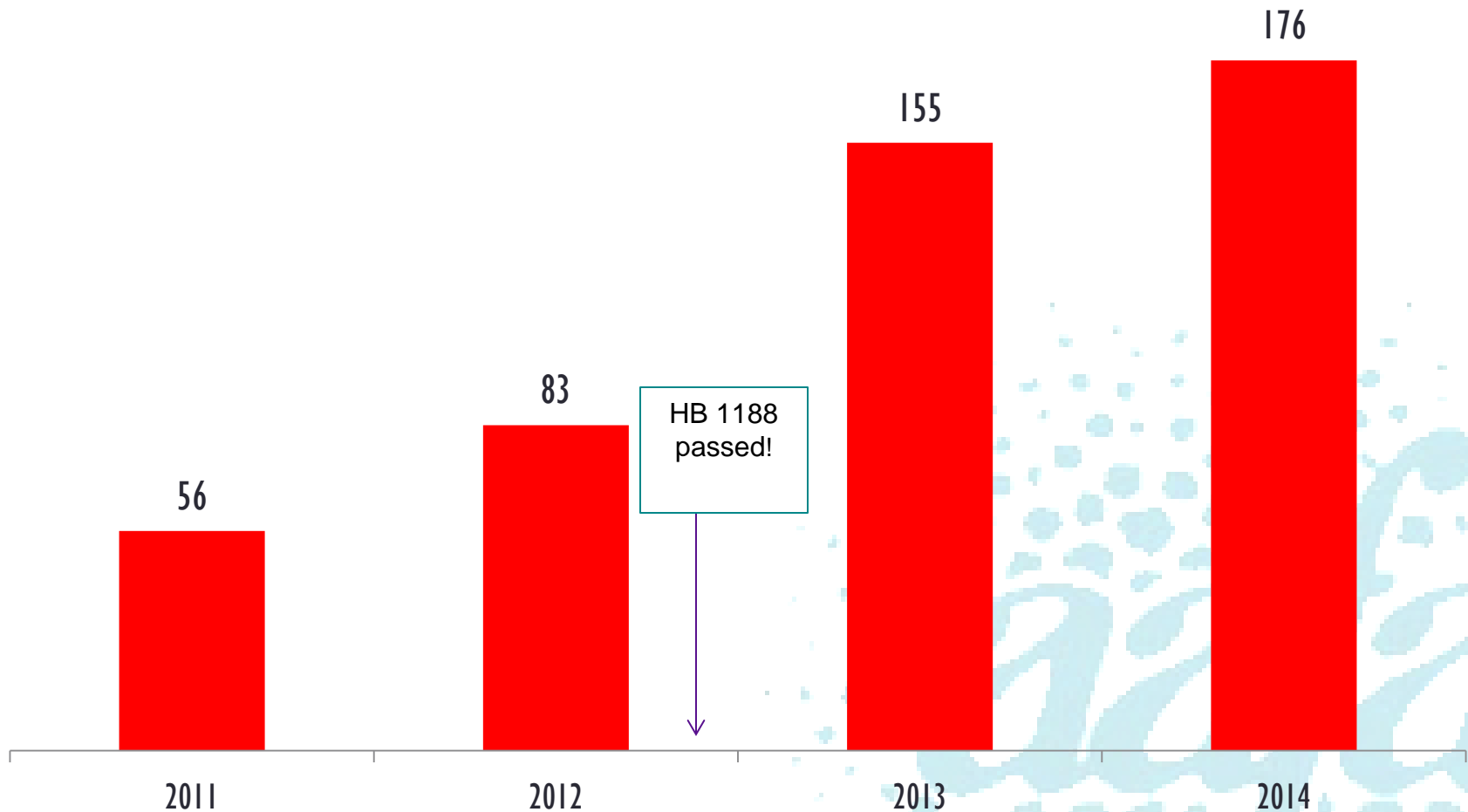
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RESCUE Outcomes



AAFA-STL's RESCUE Program: Schools Served



AAFA-STL's Success

- Engage community partners!
- Know your state leaders!
 - Dept. Of Health, Dept. of Social Services
 - Legislators
 - Political climate
 - Face-to-face meetings do make a difference!
- Partner! Partner! Partner!
 - Only build bridges!
 - Don't accept "no" as the end



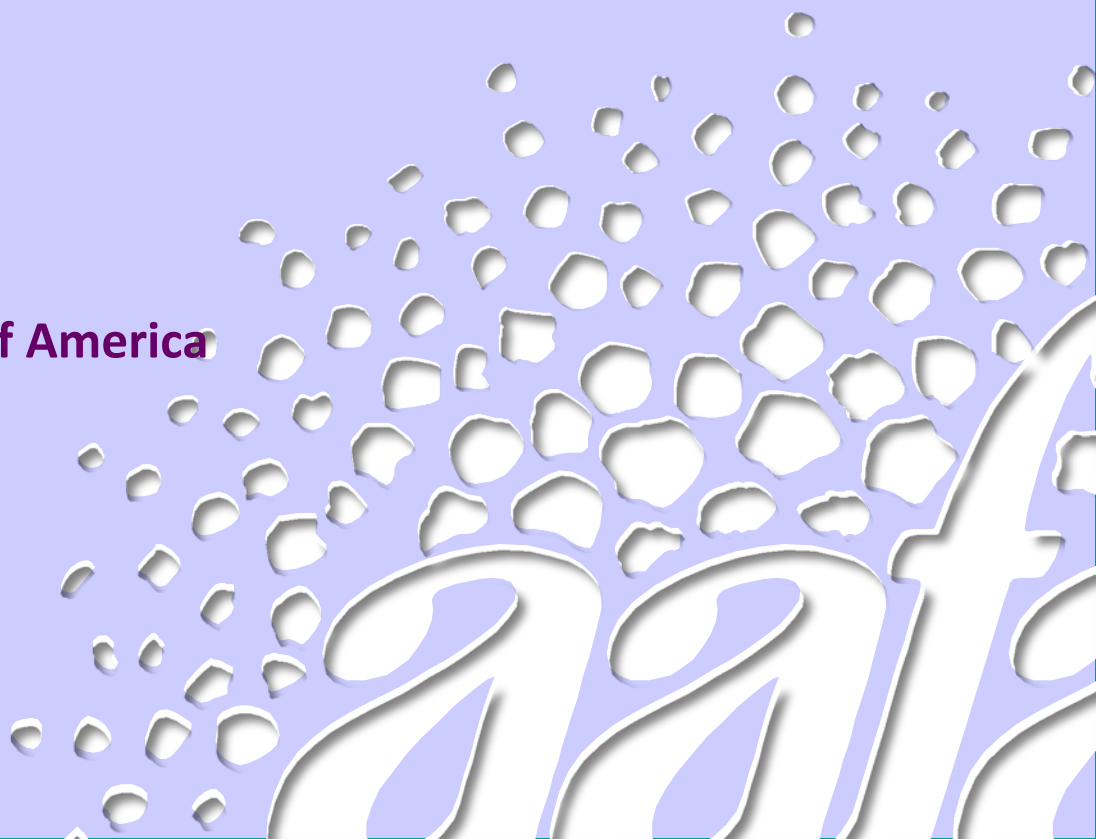


Asthma and Allergy
Foundation of America

Improving Outcomes for People with Asthma

It Takes a Village...

Cary Sennett, MD, PhD, FACP
President and CEO
Asthma and Allergy Foundation of America



WHAT WE KNOW

- Asthma is a complex chronic condition—for which there is no cure, but for which **effective strategies for management exist** for most of those affected by it
- Effective management requires **coordinated action on a broad set of fronts**
- **Current healthcare systems**—both financing and delivery—are **poorly designed to drive and enable that coordination**
- That said, **some have made (significant) progress**

THE SOLUTION PATH

- A population health perspective—a patient-centered view
- Flexibility/adaptability/local customization
- Incentives/alignment of incentives
- Meaningful metrics—and the data needed to inform them
- Rapid cycle innovation—and vehicles to harvest and rapidly disseminate learning and enable/support change

THERE IS INNOVATION!



More than 3-fold difference in death rates from asthma

More than

- 4-fold difference in rates of ER visit
- 2-fold difference in rates of rescue inhaler use

| | | | | Prevalence Factors | | | Risk Factors | | | | | | Medical Factors | | | |
|--------------------|-------------|----------------|------------|-----------------------------|---------------------------------|-----------------------------|-----------------------|-------------|---------------------------------|--------------|-----------------|-----------------------------|------------------------|--------------------------|---------------------|-----------------------|
| 2015 national rank | Total score | Rank last year | Metro area | Estimated asthma prevalence | Self-reported asthma prevalence | Crude death rate for asthma | Annual pollen score ▲ | Air quality | "100%" public smoke-free laws △ | Poverty rate | Un-insured rate | School inhaler access law ▼ | ER visits for asthma ▲ | Use of quick relief meds | Use of control meds | Number of specialists |

Worst (top) OVERALL

| | | | | | | | | | | | | | | | | |
|---|---|--------|----|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | ● | 100.00 | 2 | Z | ○ | ○ | ● | ● | ● | ● | ● | ○ | ● | ● | ● | ○ |
| 2 | ● | 96.21 | 1 | Y | ● | ● | ● | ● | ● | ● | ● | ○ | ● | ● | ● | ● |
| 3 | ● | 95.23 | 5 | X | ● | ● | ● | ● | ● | ● | ● | ○ | ● | ● | ● | ● |
| 4 | ● | 94.53 | 10 | W | ● | ● | ○ | ● | ● | ● | ● | ○ | ● | ● | ● | ● |
| 5 | ● | 93.22 | 4 | V | ● | ● | ● | ● | ● | ● | ● | ○ | ● | ● | ● | ● |

Best (bottom) OVERALL

| | | | | | | | | | | | | | | | | |
|-----|---|-------|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 96 | ○ | 62.53 | 74 | E | ○ | ○ | ● | ● | ● | ● | ● | ○ | ○ | ○ | ○ | ● |
| 97 | ○ | 62.33 | 84 | D | ● | ● | ○ | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 98 | ○ | 61.81 | 99 | C | ● | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ● |
| 99 | ○ | 61.38 | 98 | B | ● | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ● |
| 100 | ○ | 60.28 | 100 | A | ● | ● | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ● |

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WE ARE LEARNING!

THE RICHARD MERKIN INITIATIVE ON PAYMENT REFORM AND CLINICAL LEADERSHIP

A Case Study in Payment Reform to Support Optimal Pediatric Asthma Care

April 27, 2015 | The Brookings Institution

Executive Summary

This case study explores the role of emerging payment models in supporting care redesign for patients with poorly controlled pediatric asthma. It describes the Community Asthma Initiative (CAI), a successful initiative developed at Boston Children's Hospital that has culturally sensitive education and environmental remediation services to improve outcomes for high risk patients. However, these services are rarely covered through fee-for-service (FFS) payment models. Asthma programs providing these services have often relied on short-term grant support and philanthropic funding, but these funding mechanisms are inefficient and unstable. Alternative payment models (APMs) offer a path to sustainable change that improves value for the patient and health care system.

KNOWLEDGE IS SPREADING!

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Administrator McCarthy Highlights Clean Air Efforts and Asthma Programs During Asthma Awareness Month

[>> Learn More](#)



Administrator Gina McCarthy
U.S. Environmental Protection Agency

Celebrate Asthma Awareness Month!

This May, thousands of organizations across the

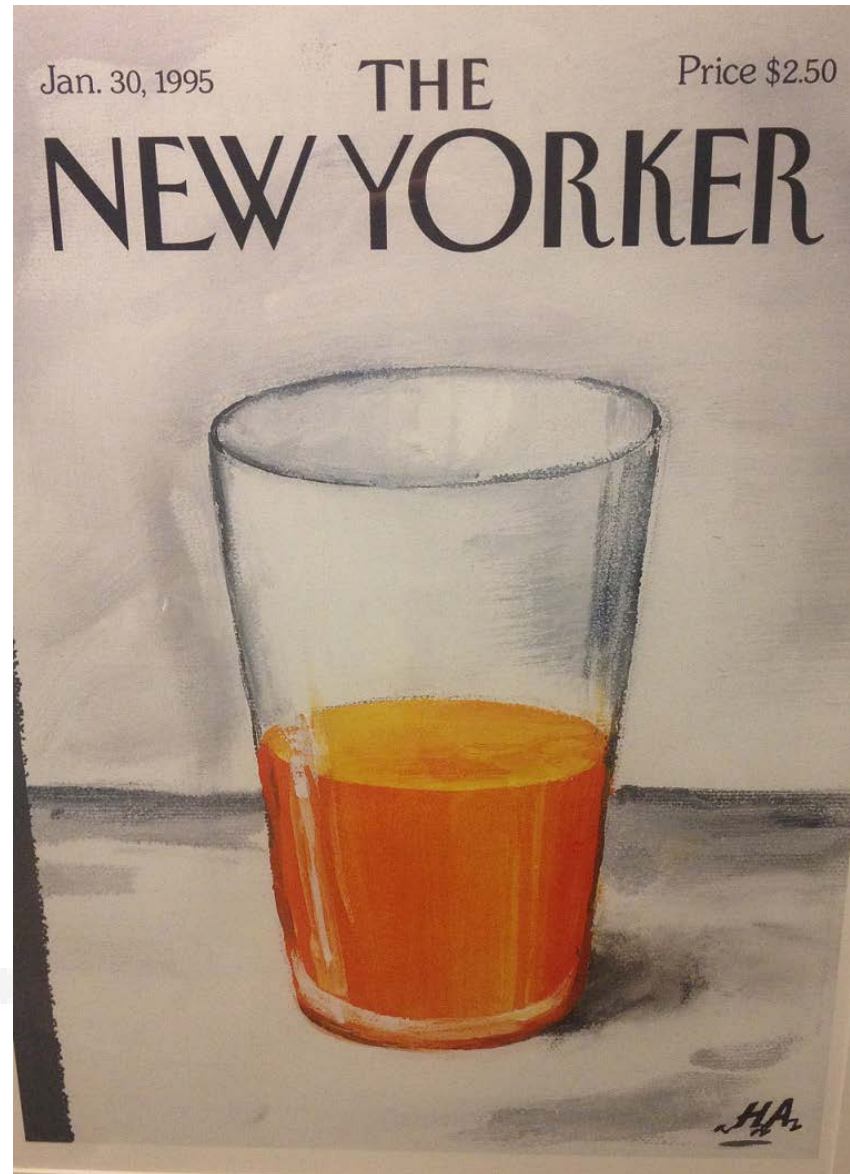
NEW RESOURCES

4/30/15 **CDC Releases Community Health Status Indicators 2015**



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BUT WE NEED MORE AND FASTER!



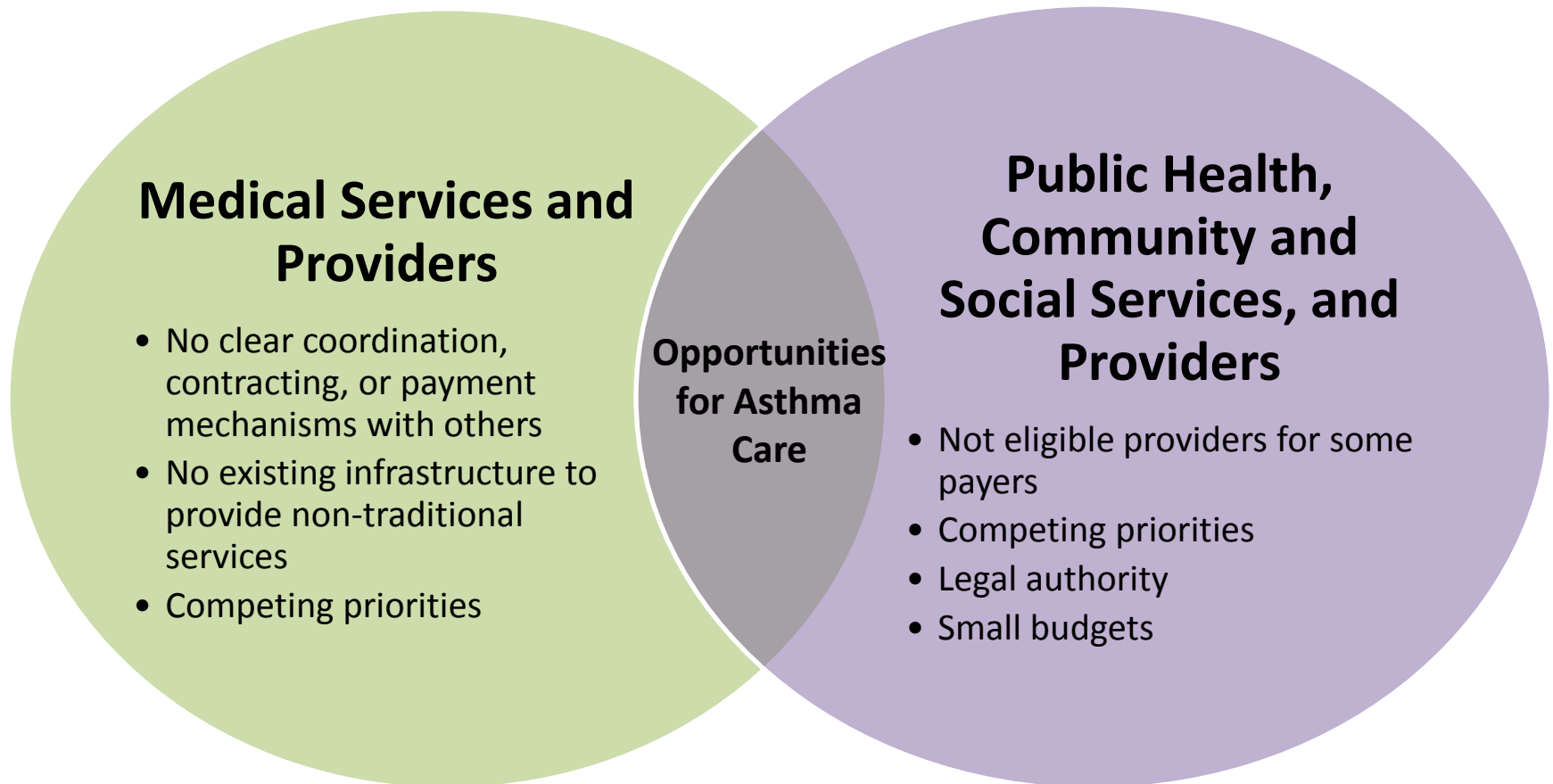
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System Transformation through Sustainable Payment

Steven Farmer, MD, PhD
Visiting Scholar, Brookings Institution
Associate Professor of Medicine and Public Health,
George Washington University

System Misalignment

Opportunities for transformation not well-supported



Delivery and System Transformation

- No “one size fits all” solution
 - Local Context: urban vs rural
 - Need to leverage existing resources
 - Exact replication may not be possible



Delivery and System Transformation

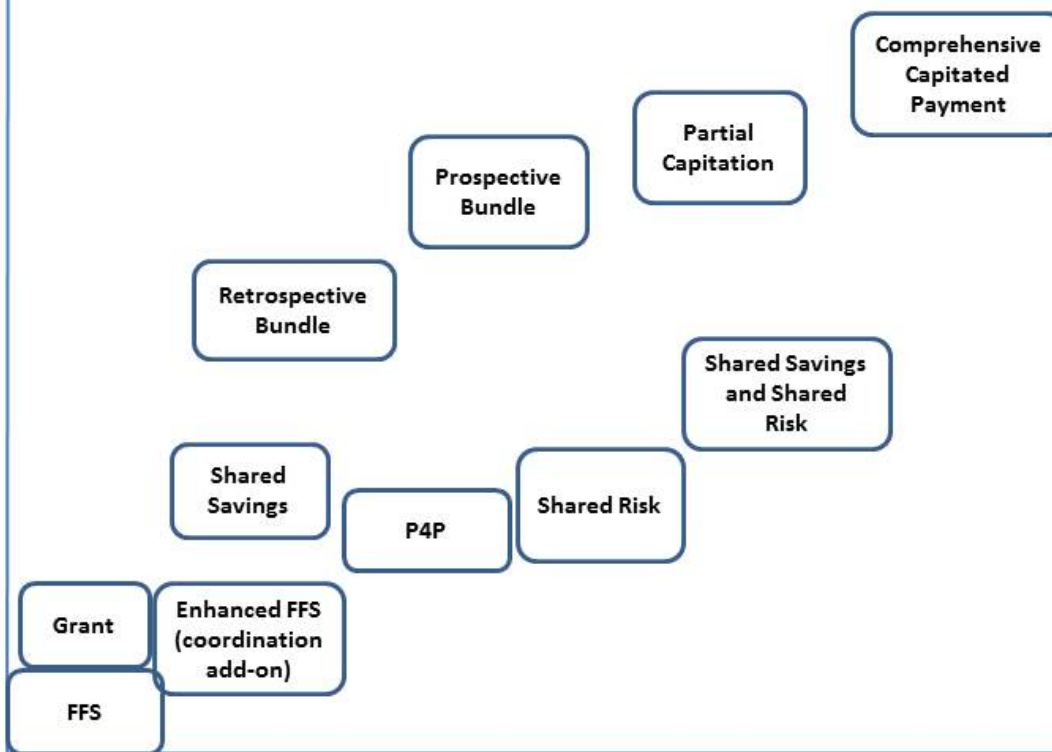
- No “one size fits all” solution
 - Local Context: urban vs rural
 - Need to leverage existing resources
 - Exact replication may not be possible
- Opportunities for Linkages
 - CDC/State Health Departments: data
 - Hospitals and physicians: referrals
 - Schools: reinforce education, medication adherence



Person/Population based Payment Mechanisms

Catalyst for
Care Redesign

High



Shift Toward
Value Based
Reimbursement

None

High

Quality Measures

- Patient-Centered Outcomes
 - Process: evidence based practice
 - Outcome: improved symptom control, decreased absenteeism

Quality Measures

- Patient-Centered Outcomes
 - Process: evidence based practice
 - Outcome: improved symptom control, decreased absenteeism
- Physicians and Beyond
 - Transparency: how are providers and services evaluated
 - Timely: feedback needs to be timely
 - Actionable: feedback must drive change

Policy Recommendations

1. Shift the emphasis from health care to health
2. Develop meaningful and valid metrics of success
3. Align finances across organizations and pay for outcomes

Question and Answer

- Please submit questions using the question box at the bottom right of your screen

#AsthmaAwareness

Thank You

- We appreciate Dr. Richard Merkin Initiative on Payment Reform and Clinical Leadership and the Asthma and Allergy Foundation of America for their funding of this webinar
- The webinar video archive, slides, and additional material will be placed on <http://www.brookings.edu/about/projects/merkin-initiative>
- For further information, please feel free to reach out to mgeorge@brookings.edu.

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